



PART 2 MACT APPLICATION
Application for 112(j) Case-By-Case MACT Determination
State Form 51105 (1-03)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

IDEM - Office of Air Quality - Permits Branch
100 N. Senate Avenue
P.O. Box 6015
Indianapolis, IN 46206-6015
Telephone: (317) 233-0178 or
Toll Free: 1-800-451-6027 x30178 (within Indiana)
Facsimile Number: (317) 232-6749
[Http://www.IN.gov/idem/air/permits/index.html](http://www.IN.gov/idem/air/permits/index.html)



NOTES:

- The purpose of the Part 2 MACT Application is to submit information about the processes and emissions units subject to Section 112(j) of the Clean Air Act (CAA) in order for IDEM, OAQ to complete a Section 112(j) case-by-case MACT Determination [40 CFR 63.53(b)].
- Copies of your Part 2 MACT Application must be submitted to IDEM, OAQ (original and 2 copies), [U.S. EPA Region V](#) (1 copy), the local library (1 copy), and if applicable, the [local agency](#) (1 copy) and/or [regional office](#) (1 copy).

FOR OFFICE USE ONLY

PERMIT NUMBER:

DATE APPLICATION WAS RECEIVED:

PART A: SOURCE INFORMATION

1. Source Name:	2. Plant ID: -
3. SIC Code:	4. NAICS Code:
5. Contact Name:	6. Contact Telephone No.: () -
7. Provide the following information regarding the location of this source.	
Address:	
City:	State: ZIP Code:
County Name:	Township Name (optional):
8. Provide the mailing address for this source.	
Address:	
City:	State: ZIP Code:

PART B: LOCAL LIBRARY INFORMATION

9. Date a copy of your Part 2 MACT application was filed with your local library:	
10. Name of Library:	
11. Name of Librarian (optional):	
12. Provide the mailing address for the library:	
Address:	
City:	State: ZIP Code:
13. Internet Address (optional):	
14. Electronic Mail Address (optional):	
15. Library Telephone No.: () -	16. Library Facsimile No. (optional): () -

PART C: CERTIFICATION OF TRUTH, ACCURACY, AND COMPLETENESS

☐ I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this application are true, accurate, and complete.

Printed Name of Responsible Official

Title of Responsible Official

Signature of Responsible Official

Date

*You may provide support information as an attachment to this application.
Be sure to identify both the source category and affected source to which any additional information applies.*

PART D: REQUIRED INFORMATION						
Complete this section for each Section 112(j) affected source category at your source.			Source Category _____ of _____ (Example. Source Category 1 of 3)		Affected Source _____ of _____ (Example. Affected Source 1 of 3)	
17. Section 112(j) Source Category: Identify the Section 112(j) affected source category that applies to your source.						
18. Affected Source: Identify the affected emission points or groups of affected emission points (e.g., processes or emissions units) belonging to the source category listed above for item 15. <i>Provide the information requested in the remainder of this section for each affected source.</i>						
20. Estimation of Hazardous Air Pollutant (HAP) Emissions						
19. Emissions Unit Description			Potential to Emit (tpy)			
Unit ID	Emissions Unit	HAP or Group of HAPs	Uncontrolled	Controlled	21. Existing Controls	22. Existing Limitations
23. Identification of New Affected Sources: <i>Is the affected source listed above considered a new affected source according to 40 CFR 63.51?</i>					<input type="checkbox"/> No	<input type="checkbox"/> Yes – <i>Identify the anticipated date of startup of operation:</i>